MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 3RD JULY, 2017

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

TO: MEMBERS OF HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Quorum 3)

Chairman: Councillor Alison Cornelius
Vice Chairman: Councillor Graham Old

Councillor Philip Cohen	Councillor Val Duschinsky	Councillor Rohit Grover
Councillor Alison Moore	Councillor Ammar Naqvi	Councillor Caroline Stock
Councillor Laurie Willaims		

Substitute Members

Councillor Maureen Braun	Councillor Anne Hutton	Councillor Kath McGuirk
Councillor Barry Rawlings	Councillor Shimon Ryde	Councillor Daniel Thomas

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is Wednesday 28th June at 10AM. Requests must be submitted to Abigail Lewis, abigail.lewis@barnet.gov.uk, 020 8359 4369

You are requested to attend the above meeting for which an agenda is attached.

Andrew Charlwood – Head of Governance

Governance Service contact: Abigail Lewis, abigail.lewis@barnet.gov.uk, 020 8359 4369

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 14
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer	
5.	Public Question Time (If Any)	
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9.	Update on NHS property Ltd charging market rents	31 - 38
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12.	Verbal Update on the Colindale Health Project	
13.	Verbal update on the Diabetes strategy	
14.	Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee	47 - 54
15.	Health Overview and Scrutiny Forward Work Programme	55 - 58
16.	Any Other Items that the Chairman Decides are Urgent	

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abigail.lewis@barnet.gov.uk, 020 8359 4369. People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

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Decisions of the Health Overview and Scrutiny Committee

15 May 2017

Members Present:-

AGENDA ITEM 1

Councillor Alison Cornelius (Chairman)
Councillor Graham Old (Vice-Chairman)

Councillor Val Duschinsky	Councillor Ammar Naqvi
Councillor Gabriel Rozenberg	Councillor Laurie Williams
Councillor Caroline Stock	Councillor Alison Moore
Councillor Philip Cohen	

Also in attendance
Councillor Helena Hart

1. MINUTES

The Chairman noted the following corrections to the minutes of the meeting of the 6th February 2017.

Page 3 of the minutes, 2nd paragraph: Remove 'an' from the sentence 'in booking appointments and in finding an NHS surgery'.
Page 5 of the minutes, 5th paragraph: Remove 's' from the word numbers.
Page 7 of the minutes, 3rd paragraph: Add the word 'are' to 'Barnet but evident in all urban environments.
Page 8, 1st paragraph: Haringey misspelt
Page 8, 3rd paragraph: Capital letters for 'Enhanced Assessment Service'.
Page 9, 3rd paragraph: Remove apostrophe from GPs.

The Chairman notified the Committee that a report on dental communities and providers would be collated and brought back to a future Committee meeting.

The Chairman updated the Committee that Mr Snee would be asked to return to the July meeting to discuss the Colindale Health Project.

Subject to the changes being taken into account the Committee agreed that the minutes of the last Committee held on the 6 February 2017 be approved as a correct record.

The Chairman provided the Committee with the following updates:

- That a paper on dental services would be requested from Dr Lake in addition to the report that was submitted by Healthwatch
- That the forward work programme required updating and would be discussed at the end of the meeting.

2. ABSENCE OF MEMBERS

Councillor Ammar Naqvi gave his apologies for being late.

3. DECLARATION OF MEMBERS' INTERESTS

Councillor Caroline Stock declared a non-pecuniary interest in relation to agenda item 7 by virtue of her husband being an elected Public Governor of the Council or Governors art the Royal Free London NHS Foundation Trust.

4. REPORT OF THE MONITORING OFFICER

None.

5. PUBLIC QUESTION TIME (IF ANY)

None.

6. MEMBERS' ITEMS (IF ANY)

None.

7. NHS TRUST QUALITY ACCOUNTS 2016-2017

North London Hospice

The Chairman invited to the table:

- Fran Deane – Director of Clinical Services, North London Hospice
- Amanda Fairhurst – Registered Manager, North London Hospice

The Committee scrutinised the Draft Quality Account from the North London Hospice for the year 2016-17 and wish to put on record the following comments:

- The Committee was pleased to find the North London Hospice had been rated "Good" by the Care Quality Commission (CQQ) following three separate inspections of their Finchley, Winchmore Hill and Haringey services. The Committee congratulated the Hospice on the rating. The Chairman also congratulated the Hospice on its 25th anniversary.
- The Committee commented that improvements had been made in terms of the layout of this year's Quality Accounts.
- The Committee noted plans to introduce a 'Hard to Reach Groups' programme to promote equal access to services for all potential users. The Hospice explained that although this was still being finalised, a group had now been established to work on the project and was planning meetings throughout the year. The Committee requested that information on the programme be brought back during the mid-year Quality Account's review.
- The Committee was happy with the quality of the Account and the inclusion of feedback from users. The Hospice explained it uses the feedback to keep track of how it is improving and to highlight areas where it can make further improvements. The Hospice explained that once the Dementia Strategy had been

implemented, steps would be taken to investigate how the strategy was meeting the needs of the population. The Committee asked that data on the Dementia Strategy be included in the 2017/2018 Quality Account.

- The Chairman expressed how impressed she was that the Hospice had 980 volunteers across all its services.
- The Committee also praised the Hospice for their continuing work to reduce the number of patient falls, which this year is down from 36 to 27, whilst acknowledging the Hospice deals with very frail patients. The Hospice said there was ongoing work being carried out around falls and staff were trying to maintain a balance between preventing falls and allowing individuals to remain as independent as possible.
- The Committee commended the Hospice on the 277 compliments received and said it was pleased to see some examples included in the report.
- The Committee also noted that the Hospice's goal of supporting people to die in their own homes, if this is their preferred choice, appeared to be a success having increased year on year.
- The Committee noted the introduction of an Outcome Star, currently named The "End of Life Star", and asked for more information about it. The Hospice explained that the Star is a collaborative piece of work with various organisations to achieve better training in hospices.
- The Committee congratulated the Hospice on having achieved zero cases of Clostridium difficile (C.diff) and other infections over the past four years.

However

- The Committee queried the figures surrounding bed usage and asked for clarification on whether the closed bed days had been excluded from the calculations. The Hospice confirmed closed bed days had been excluded and said it had been working hard throughout the year to improve the turnaround period, but it was often a balancing act.
- The Committee enquired whether issues related to plumbing, which had been the sole reason for the 39 closed bed days, had now been rectified. The Hospice recognised it was a continuing problem due to the nature of the services they provide.
- The Committee expressed concern about a large number of staff leaving the Hospice. The Hospice explained that these were mainly bank care assistants and nurses, but the substantive members were not leaving. The Hospice said they were working with the HR Director to meet challenges around retaining staff.
- The Committee noted that pressure ulcers were still a cause for concern with higher numbers of patients suffering from them compared with other hospices of a similar size. The Committee also asked for clarification around the definition of 'avoidable' and 'unavoidable' pressure ulcers and the implications for them and how this was being implemented into care. The Hospice said changes in recording had been implemented so that it could be seen that everything possible is being done to decrease the number of avoidable pressure ulcers . The Committee acknowledged that turning and moving patients in the last few days of their life may not be practical or kind.

In addition:

- The Committee queried how much it cost the Hospice to produce such a detailed report. The Hospice explained that the document is kept in PDF form only and so there are no printing costs incurred. The Hospice also explained that this was a key document for them and was used throughout the year within the organisation as a learning tool and was also useful information for the Board of Trustees.
- The Committee raised some concerns that the Hospice could potentially be over stretching its resources. The Hospice explained that it always works in partnership where possible and is engaged in various work streams as well as working with the STP team.
- The Committee commented that there had been a significant increase in reported incidents of patient safety at the Hospice. The Hospice explained that it viewed this as a positive consequence of staff being more forthcoming in reporting all incidents.
- The Committee also noted the increase in medicine incidents. The Hospice said this again suggested an improvement in honest and open reporting and that none of the incidents had been classified as major.

The Chairman thanked the North London Hospice for attending.

Central London Community Healthcare NHS Trust (CLCH)

The Chairman invited to the table:

- Kate Wilkins - Assistant Lead for Quality at Central London Community Healthcare NHS Trust.

The Committee scrutinised the Draft Central London Community Healthcare NHS Trust's Quality Account 2016-17 and wish to put on record the following comments:

- The Committee noted the growth of the organisation and said it was a compliment to the Trust that they were able to take on extra work.
- The Committee enquired about the cost of producing this report and was happy to hear that costs were kept to a minimum because the report was published online only. The Committee were pleased that the Trust was using the report as a key document for learning and improvement.
- The Committee were also pleased to hear that the Trust had been successful in receiving funding for a new role for a pressure ulcers nurse. The Trust believed this will have a big impact on reducing the number of patients with pressure ulcers in the next year.
- The Committee asked how the data in the report was used in terms of training and up-skilling of staff. The Trust explained every investigation was used within training programmes and updates to staff were given via regular reports and newsletters. The Trust also explained that it was part of a national working group on pressure ulcers, but was not sure if information was passed onto voluntary organisations that it worked with, and so it would be looked into.

- The Committee enquired whether the procedure for end of life care at Barnet was the same as at Merton, as outlined in the report (Page 17 of the CLCH report). The Committee were impressed that this was the case, as this was an example of good practice.
- The Committee commented that the patient stories on dentistry provision were very good. The Committee were also glad to see that diabetes self-management was improving.

However:

- The Committee was concerned that the Trust expanding further into new areas could have an impact on maintaining a high quality of standard of care. The Trust explained that the inclusion of Merton and Harrow had been successful and reporting structures had fitted in well with these Boroughs. The Trust said going forward it would only be bidding for services that it was already experienced in and was not looking to expand further.
- The Committee noted the increase in the number of patients with pressure ulcers. The Trust explained that the situation in Merton and Harrow had led to challenges but it did not believe this was of major concern.
- The Committee commented that the figures showed a drop in December 2016 in the Dignity and Respect indicator as well as the Explaining Care indicator as perceived by patients (Pages 3 and 4 of their report) and asked for an explanation of the figures to be communicated to the Committee.
- The Committee noted there appeared to be issues surrounding the retention of staff at the Trust. The Committee was impressed that the recruitment of Filipino nurses had been so successful and was having a positive impact on the Trust. However, it was concerned that more work was need to recruit and retain UK nurses. The committee noted that the vacancy rates had fallen from 22% to 14% this year. The Committee also raised concerns around the cost of recruiting overseas nurses but was assured by the Trust that the cost was not significantly more than other recruitment.
- The Committee suggested that the Trust should conduct an ‘exit interview’ when a member of staff leaves in order to find out the reasons.
- The Committee noted the increase in the number of serious incidents being reported. The Committee was satisfied that this upward trend in reporting reflected greater transparency and reporting by staff.
- The Committee asked why the Trust had not taken part in the diabetes foot care Audit and requested an explanation for this be presented in the final report.
- The Committee commented that the equal opportunities statistics had not improved much since last year’s report. The Trust explained that a lot of work had been done on this and it believed this was an issue of staff perceptions. The Trust assured the Committee it would be looking into better ways of publicising how successful the work on increasing equal opportunities had been.

- The Committee inquired about the deaths reported on Marjory Warren and Ruby Wards and why these had occurred. The Trust said that after being investigated, these deaths were not unexpected.

The Chairman thanked the CLCH for attending the meeting.

Cyberattack update:
The CLCH gave a quick update on how the recent cyberattacks had affected the Trust. The Trust said that it had been unaffected by the attack. CLCH also explained that it had a number of procedures and safeguards in place to protect itself from possible future attacks.

The Royal Free London NHS Foundation Trust

The Chairman invited to the table:

- Professor Steven Powis – Medical Director, The Royal Free London NHS Foundation Trust

The Committee scrutinised the Draft Royal Free London NHS Foundation Trust Quality Account 2016-17 and wish to put on record the following comments:

- The Committee was pleased that the Trust had been rated 'Good' in most areas by the CQC.
- The Committee complimented the Trust on their continuing progress on its Dementia Strategy in particular the introduction of a Passport for Carers.
- The Committee congratulated the Trust on the list of its key achievements over the year.
- The Committee noted the Trust's participation in national clinical audits which it found most informative. Whilst this is prestigious, it is recognised that there is considerable additional work for practitioners. However, the Committee was pleased that the results of the audit are being used to improve local practice.
- The Committee acknowledged the efforts made by the Trust to make the data clearer in this year's report and found the statistics suggested that the Trust was doing well when its performance is compared with the national average.
- The Committee commented that lower levels of diabetes were reported at Chase Farm than expected and queried the reasons behind this. The Trust said there had been an improvement in in-patient foot surveillance, in addition to projects on improved interventions in order to alert staff to dangerous changes in glucose levels. The Trust explained that at any one time up to 20% of patients at the Royal Free can be diabetic and it is a great challenge for the diabetic team to manage all of these.
- The Trust explained they were looking into an alerting system for pre-diabetics and this would be the focus for the next few years. The Committee requested that the Trust bring an update on this back to a future meeting.

However:

- The Committee noted that the number of reported incidents at the Trust had risen since last year. The Trust explained this was viewed as a positive sign that

members of staff were reporting more incidents and the number of serious incidents resulting in harm had actually gone down.

- The Committee queried the accuracy of the figures on Sepsis. The Committee suggested these figures be investigated before the final version of the report is published. The Committee also queried whether a Sepsis intervention programme was currently in place in order to educate all staff about the signs and seriousness of Sepsis. The Committee were assured that all staff were trained to look for signs of Sepsis, especially at the triage stage of care.
- The Committee noted that the C.difficile key performance indicator on page 85 of the Royal Free report did not make sense, as it appeared that the Trust was performing better than the highest national performing trust. The Committee suggested these figures were also checked. The Chairman commented that she found last year's table easier to understand.
- The Committee commented that the C.diff figure was not clear, making it difficult to understand if the Trust was doing well when compared with its own previous year's figures as well as other hospitals. The Committee asked that the table be made clearer and the figures checked.
- The Committee felt that being ranked 23rd out of 25 hospitals for C.diff indicated this was an issue the Trust should look into further. The Trust explained that C.diff is measured in a number of ways and cannot be avoided in all cases, however the aim was to get the number as close to zero as possible. The Trust stated that they needed to do some work comparing its numbers of C.diff cases with other hospitals with similar complex cases.
- The Committee acknowledged that A&E had experienced a challenging winter which had been affected by social care provision issues, not necessarily caused by the five NCL Boroughs but often by Hertfordshire, which had led to difficulties with discharging patients. The Committee asked whether there appeared to be a trend whereby patients preferred to seek treatment from A&E rather than via other methods of accessing urgent care. The Trust said it was not able to comment on what was causing the trend but there had definitely been an increase in the number of patients attending A&E. The Trust suggested it could be due to the increasing and changing demographics in the population. The Trust explained it was working closely with colleagues in Primary Care and the CCG, as well as local councils, to try to co-ordinate responses across the system in order to ensure patients do not have to wait more than four hours when possible. The Trust also stated work was needed to encourage patients to go to the most appropriate place for care, but did not anticipate this being an easy issue to resolve.
- The Committee questioned the number of 'Never Events' and how these were being managed to prevent reoccurrence. The Trust explained these were mainly incidents in surgery and one was currently under review to establish whether it met the criteria to be classified as a never event. The Committee did however acknowledge there had been a big reduction in these events over the year and encouraged the Trust to ensure these numbers remained as low as possible. The Committee were pleased to hear a surgical safety programme would be continuing and patient safety meetings were due to be held throughout the year.

- The Committee commented that no section had been included in regard to any compliments or complaints. The Committee suggested that a number of these are included in the final report.
- The Committee wished to put on record again their concern regarding the insufficient amount of parking at Barnet Hospital for both patients, visitors and staff. The Committee had mentioned this issue at last year's Quality Account meeting and were disappointed that the Trust had done nothing to improve matters since then. The Committee also expressed its concern that a quarter of the visitor/patient car park had been re-designated as staff parking and that a portacabin was also taking up 18 patient/visitor spaces.
- The Committee asked specifically about whether the hospital had received complaints in regard to the lack of parking. The Committee explained that at previous Health Overview and Scrutiny meetings suggestions had been made to extend the current car park on the east side of the hospital. The Trust said it would have to look into this. The Committee also suggested the Trust look into the possibility of installing a camera at the exit of the car park which would inform the driver whether they had paid for their parking or not. This would give the person the opportunity to return to the car park and pay for their parking rather than being fined.
- The Committee asked about whether there was a strategy for parking at the Royal Free Hospital, whilst acknowledging that the site was very restricted for space.

Update on Cyberattacks:
The Trust told the Committee that no viruses had infected the Royal Free computer system. Over the weekend, the Trust had closed down some of its systems that were not key as a precaution, but these were now all back up and running and in-patient services had remained unaffected. The Royal Free said that had also provided support to other Trusts that had been affected.
The Trust explained that they constantly reviewed and enforced cyber protection with a number of different anti-virus and encryption tools which were updated regularly. The Trust also ensured that staff were educated on the issue and sent out regular communications on the importance of cyber safety and security. The Trust also explained that it had contingency plans in place in the event of an attack.

RESOLVED – That the Committee requested that the above comments be included in the final version of the Trust's Quality Accounts.

8. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME

The Chairman invited to the table:

- Councillor Helena Hart – Chairman of the Health and Wellbeing Board
- Ms Rachel Wells – Public Health Consultant

Councillor Hart said that it would be a good idea to investigate whether pressure ulcers were occurring outside the hospital setting e.g. at patients' homes or in Care Homes. Councillor Hart suggested a report could be requested to investigate this.

Councillor Hart also commented on the potential for a local plan for cyber disasters and that perhaps an emergency plan could be formulated. Ms Wells said that there were currently measures in place across the Council for emergencies via Business Continuity Plans. The Chairman requested a report be brought back to a future meeting on business continuity. Councillor Hart also informed the Committee that the next Health and Wellbeing Board meeting had been cancelled as it was due to be held on June 8th, Election Day.

Ms Wells gave the Committee an update on the current work in Public Health. She informed the Committee that the campaign on diabetes was commencing in June, alongside a national diabetes prevention programme due to start soon. She said there were currently around 10,000 pre-diabetic people in Barnet and initial aim was to target 2,000 of them. In this connection, an event is being held at BurntOak and Councillor Stock informed the Committee that an awareness campaign was being held at Brent Cross on 12th June. Ms Wells also updated the Committee that the Shisha campaign had been very successful and a report was due to be presented at a future Health and Wellbeing Board meeting.

Forward Work Programme

Items to be added to the work programme:

- The Chairman requested a report on missed GP appointments and asked that a representative from the CCG be present as well as Healthwatch. The Committee requested information to be included in this report surrounding strategies being used to reduce missed appointments.
- The Chairman asked for an update on the parking situation at Barnet hospital and requested that the number of complaints received per week regarding parking be included in the report.
- The Committee requested a report on dental health from Dr Lake, Public Health Harrow and Barnet.
- The Committee asked for an update on the Colindale Health Centre project from Mr Snee (Director of Commissioning, Barnet CCG) and Mr Taylor (Strategic Lead Development and Regeneration, Barnet) , as well as an update on GP coverage in the Borough.
- Healthwatch had submitted two enter and view reports: Lady Sarah Cohen and Clore Manor in Hendon. The Chairman said that if the reports were positive then these would just be circulated to Members but if the report suggested that there were concerns about the quality of care, then they would be brought to a future meeting.
- The Committee requested a report on pressure ulcers, with an analysis of where they originate. Public Health suggested this would involve an audit of admissions and would need to be conducted by the CCG or Public Health over a six month period.
- Councillor Cohen requested an update on ‘NHS property services – charging market rents’

9. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

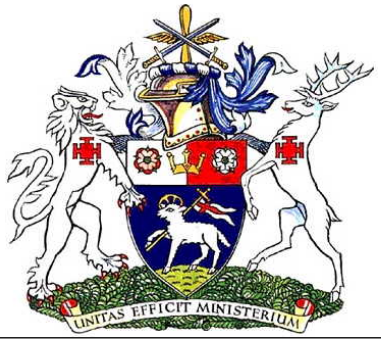
None.

Councillor Old thanked the Chairman for all her hard work over the year.

The Chairman thanked Councillor Old for his assistance and dedication to the Committee and thanked all Committee members for their contribution at HOSC and to those that attend the JHOSC.

The meeting finished at 21.52pm.

AGENDA ITEM 6

	**Health Overview and Scrutiny Committee** **3rd July 2017**
Title	**Member's Item in the name of Councillor Philip Cohen – Capped expenditure process' for North Central London NHS**
Report of	Head of Governance
Wards	All
Key	No
Urgent	No
Status	Public
Enclosures	None
Officer Contact Details	Abigail Lewis – Governance Officer Abigail.Lewis@barnet.gov.uk 020 8359 4369

Summary

The report informs the Health Overview and Scrutiny Committee of a Member's Item and requests instructions from the Committee.

Recommendations

1. **That the Health Overview and Scrutiny Committee's instructions in relation to this Member's item are requested.**

1. WHY THIS REPORT IS NEEDED

1.1 Councillor Philip Cohen has requested that a Member's Item be considered on the following matter:

'Capped expenditure process' for North Central London NHS

A Guardian article on 20 June reports on a leaked 31 page internal NHS document outlining measures to plug the NCL budget gap of £183.1m which include:

- Extending referral to treatment waiting times so patients have to wait longer than the current maximum 18 weeks for planned operations
- Denying patients access to an increased number of "procedures of low clinical effectiveness" (POLCE)
- Downgrading or closing hospital units
- Cutting £2m to the financial support for patients with serious, long-term medical problems and disabilities under the Continuing Healthcare scheme, including people with brain damage.
- Further limiting treatment to patients with back pain and other musculo-skeletal conditions
- Reducing NHS trusts' financial contribution to the Better Care Fund
- Job cuts in the 10 trusts including Barnet
- The Royal College of Surgeons says the impact these measures will have will be "devastating" - and will cost more in the long run.
- NHS Providers have called the plans "neither realistic nor reasonable" and say they should not be implemented without full and proper debate.

These proposals stem from the Government's financial squeeze on the NHS, which puts the responsibility on local NHS managers to find massive savings. It also threatens the ability of the NHS to meet people's healthcare needs. It is hard to see how the Government's Sustainability and Transformation (STP) plans can be implemented when the NHS is pre-occupied with making financial cuts of this kind.

These plans will have a knock-on effect on social care and will not help the integration of health and social care.

The plans will also impact on our Mental Health Trust which has a large financial deficit already at a time when the need for mental health services in Barnet is significantly higher than other areas.

We need to be told how these measures will affect our residents, and therefore I request that:

HOSC invites both NCL commissioners and providers to come to the Committee and explain what the impact of these plans will be, and

That following that Committee meeting, LB Barnet hosts a day of public engagement on these plans to include patient groups, NCL commissioners and providers so that full and proper debate on these plans can take place.

https://www.theguardian.com/society/2017/jun/20/leak-shows-devastating-impact-of-planned-nhs-cuts-in-london

2 REASONS FOR RECOMMENDATIONS

2.1 The Committee are requested to give consideration and provide instruction.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Post decision implementation will depend on the decision taken by the Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 As and when issues raised through a Member's Item are progressed, they will need to be evaluated against the Corporate Plan and other relevant policies.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 The Council's Constitution (Meeting Procedure Rules, Section 6) states that a Member, including appointed substitute Members of a Committee may have one item only on an agenda that he/she serves. Members' items must be within the term of reference of the decision making body which will consider the item.

5.3.2 The Health Overview and Scrutiny Committee terms of reference includes:

1. *To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.*

2. *To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which Chairman, Vice- Chairman, Members and substitutes to be appointed by Council which may affect or may affect the borough and its residents.*

3. *To receive, consider and respond to reports, matters of concern, and consultations from the NHS Barnet, Health and Wellbeing Board, Health Watch and/or other health bodies.*

5.4 Risk Management

5.4.1 None in the context of this report.

5.5 Equalities and Diversity

5.5.1 Members' Items allow Members of a Committee to bring a wide range of issues to the attention of a Committee in accordance with the Council's Constitution. All of these issues must be considered for their equalities and diversity implications.

5.6 Consultation and Engagement

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 None.

AGENDA ITEM 7

Barnet Health Overview and Scrutiny Committee

3rd July 2017

Title	**Children's and Young Peoples Oral Health in Barnet**
Report of	Public Health Consultant for Children and Young People
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A: Children and Young Peoples Oral Health Update
Officer Contact Details	Lauren Neill (Health Improvement Officer): Lauren.neill@harrow.gov.uk

Summary

The report outlines the context of children and young people's oral health in Barnet, current oral health promotion activity in place across Barnet and an overview of current commissioning performance.

Recommendations

1. **That the Committee note the report.**

1. WHY THIS REPORT IS NEEDED

This report is a response to a request to update the Committee on oral health promotion in Barnet.

2. REASONS FOR RECOMMENDATIONS

2.1 The Report provides the Committee with the opportunity to be briefed on this important topic and provides an update on the health promotion work being delivered in the London Borough of Barnet, with any comments.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not Applicable.

4. POST DECISION IMPLEMENTATION

4.1 The views of the Committee in relation to this matter will be considered by the Health Overview and Scrutiny Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

5.1.1 In Barnet's Wellbeing strategy 2015-2020 included in Barnet's vision is the following:

- Preparing for a healthy life
- Wellbeing in the community

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 There are no financial implications for the Council.

5.3 Social Value

5.3.1 Not Applicable.

5.4 Legal and Constitutional References

5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.4.2 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

"To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas."

5.5 **Risk Management**

5.5.1 There are no risks.

5.6 **Equalities and Diversity**

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.7 **Consultation and Engagement**

5.7.1 This paper provides an opportunity for the Committee to be updated on children's and young people's oral health in Barnet

6. BACKGROUND PAPERS

6.1 None

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Appendix A

Children and Young People's Oral Health in Barnet

Introduction

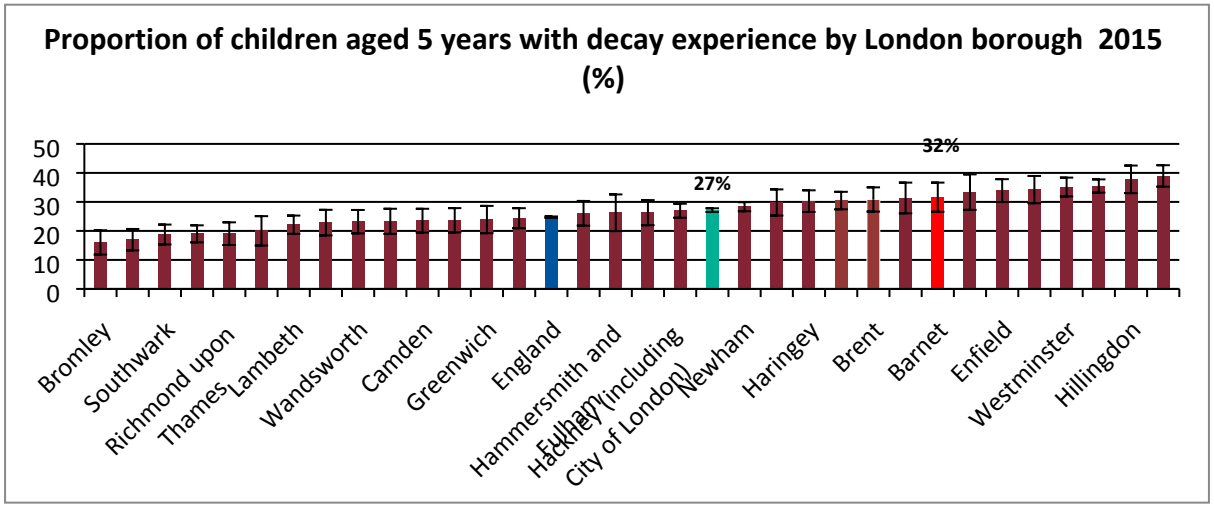
Good oral health is integral to a child's general health and well-being, and affects how children grow, enjoy life, look, speak, chew, taste food, and socialise. Pain, infection, and tooth loss can cause sleepless nights, poor concentration, time off from school, reduced nutrition and growth, and delays to speech development. Psycho - social wellbeing and self-esteem can also be affected by bad breath and the unsightly appearance of decayed or missing teeth.

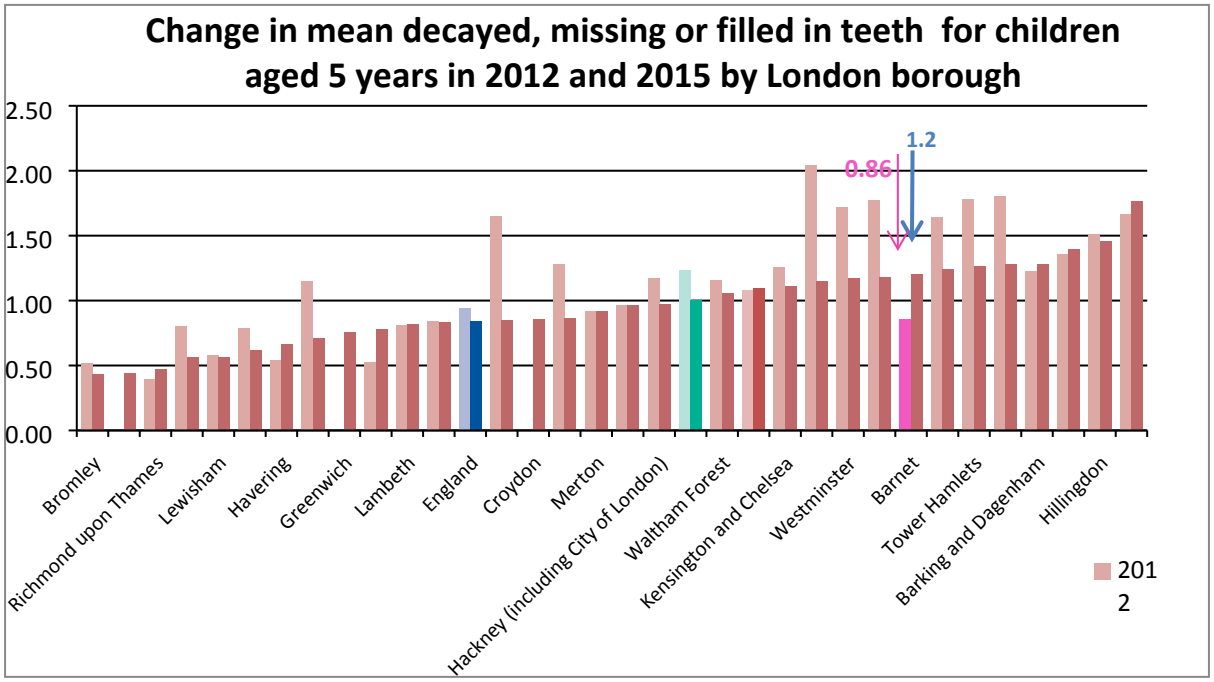
Fortunately tooth decay is almost entirely preventable. Therefore, establishing good oral health behaviours early is part of giving every child the best start in life. This includes reducing sugary foods and drinks as part of promoting a healthy diet, drinking water and milk, encouraging twice daily tooth-brushing with fluoride toothpaste, improving access to dentists early for preventive advice including the application of fluoride varnish at least twice a year from aged 3 years.

This briefing provides an update on oral health promotion activity in Barnet for Health Overview and Scrutiny Committee.

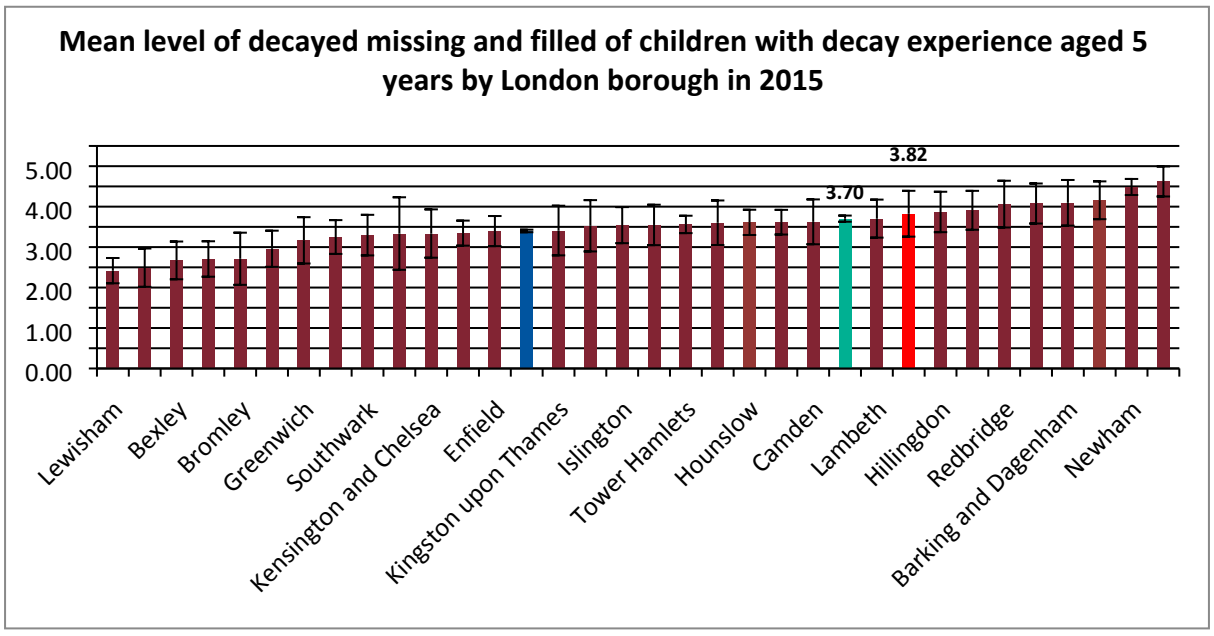
Children and Young Peoples Oral Health in Barnet

Children and Young People under the age of 20 years make up 25.5% of the population of Barnet[i]. The health and wellbeing of children in Barnet is generally better that the England average, however there are a few indicators we are failing on, one of these is child tooth decay. From the 2015 National Dental Epidemiology Survey[ii] it shows Barnet has some of the highest rates of child tooth decay experience in London with 32% of 5 year children having experienced dental decay, greater than the London (27.2%) and England (24.7%) averages. There was a worsening in the level of decay experience between 2015 compared to the 2012 results, (0.86 decayed, missing and filled teeth (dmft) in 2012 to 1.21 in 2015) and Barnet still has a considerably higher rate of 5 year olds with decayed teeth, compared to those in London and England.





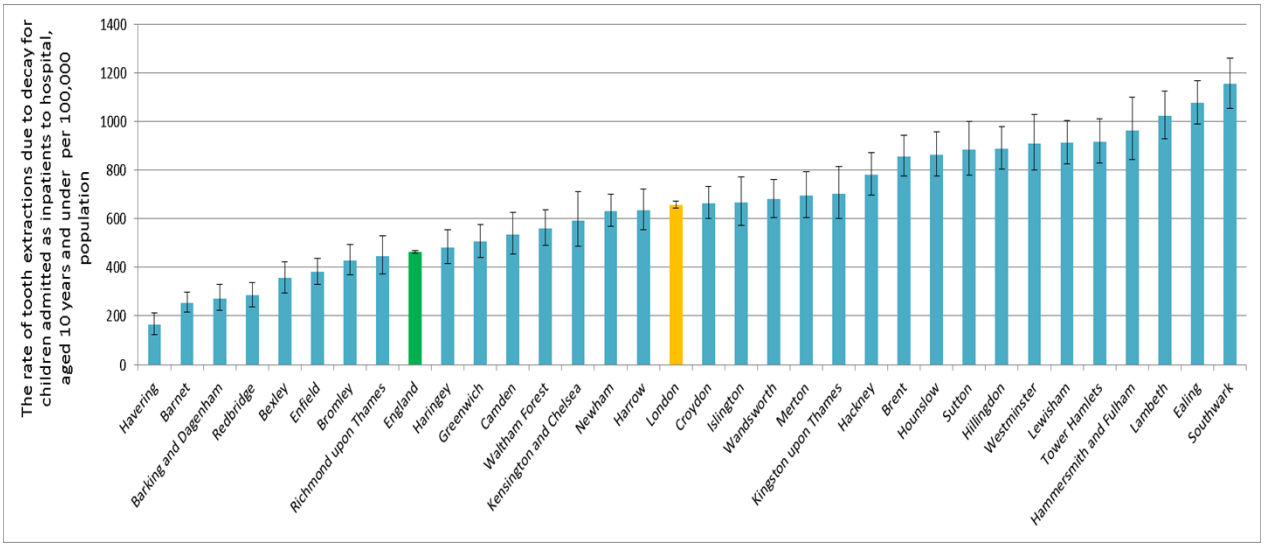
Of those children who experience dental decay at aged 5 years, on average they have almost four or more teeth affected.



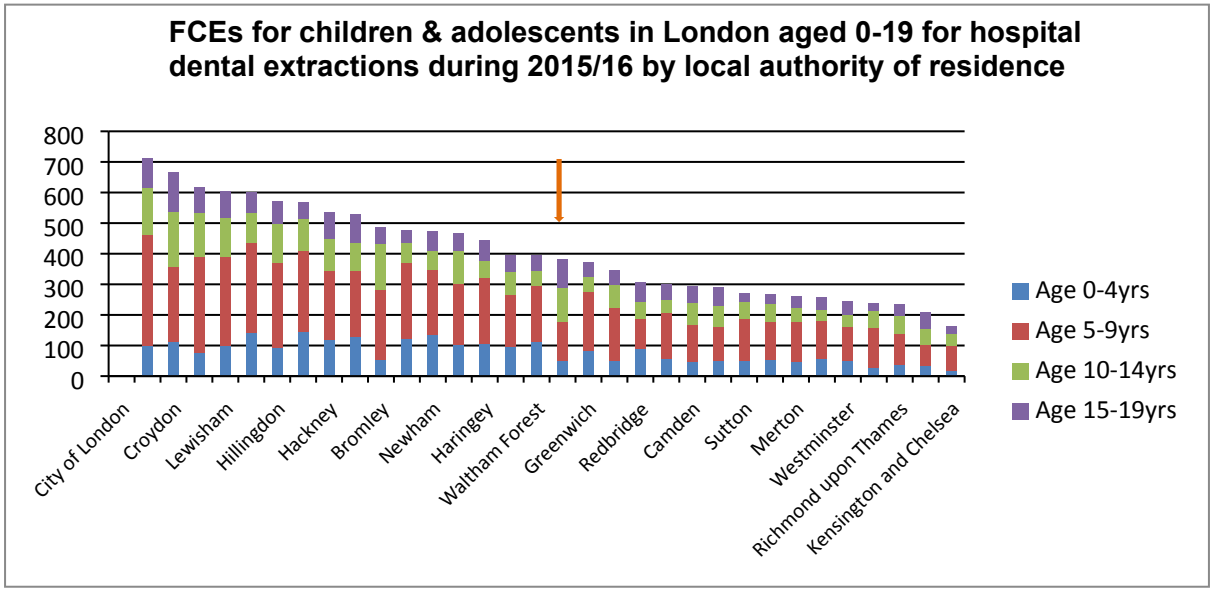
Tooth decay is the most common oral disease affecting children and the number one reason for non-emergency hospital admissions in children aged over 5-9 years in England, despite being a preventable disease.

In 2014/15 the rate of hospital extractions for children 10 years and under in Barnet was the second lowest for London boroughs which was lower than both London and England averages.

Tooth extraction due to decay aged 10 years and under per 100,000 population by London borough 2014/15 (data source: HSCIC).

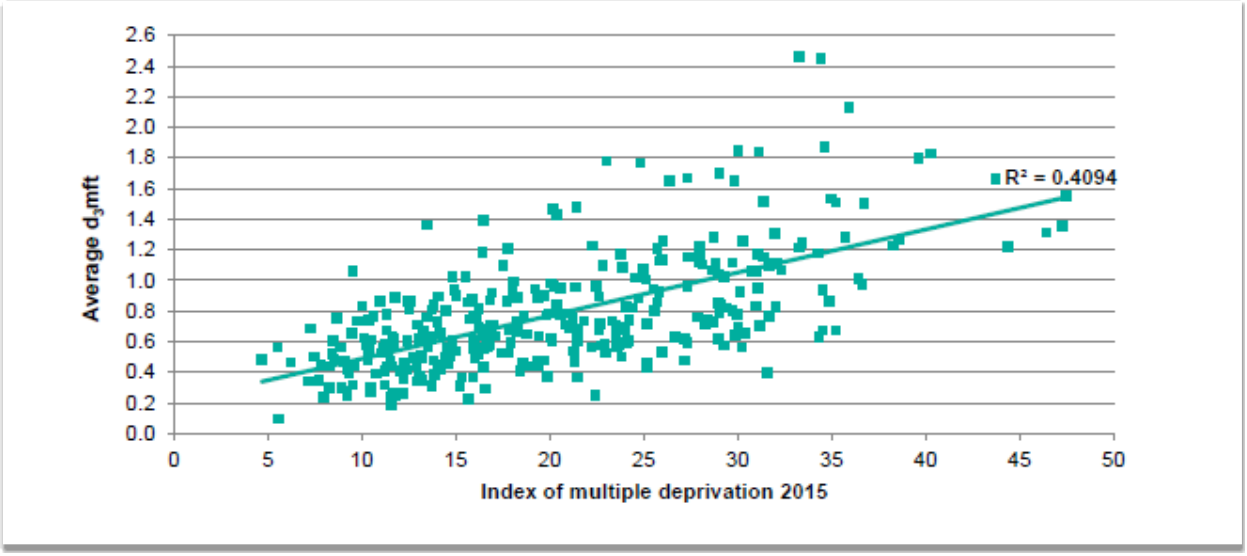


Recently published data shows that in 2015/16 382 Barnet children (0-19 years) received a hospital episode for dental extractions out of a total of 12,987 Finished Consultant Episodes (a way of counting people receiving hospital treatment) for London.



People living in deprived communities consistently have poorer health than people living in richer communities and these inequalities run from the top to the bottom of the socioeconomic ladder creating a social gradient. Similarly tooth decay follows this gradient as those five year old children living in areas with higher Index of Multiple Deprivation (IMD) scores display higher numbers of decayed, missing (due to decay) and filled teeth (dmft)[iii].

Correlation between numbers of decayed, missing (due to decay) and filled teeth (d3mft) among five-year-old children and Index of Multiple Deprivation (IMD 2015) score.

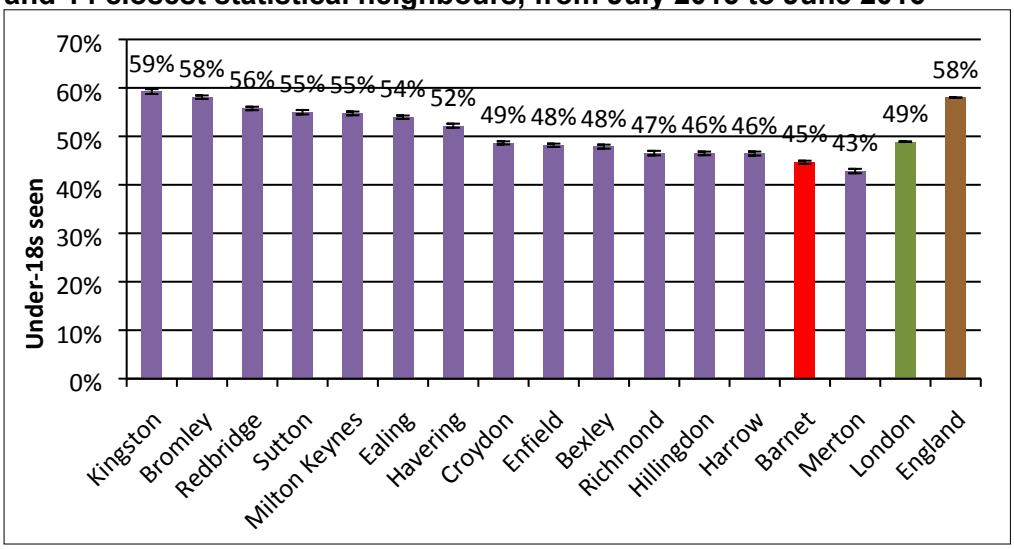


Attendance at an NHS Dentist in Barnet

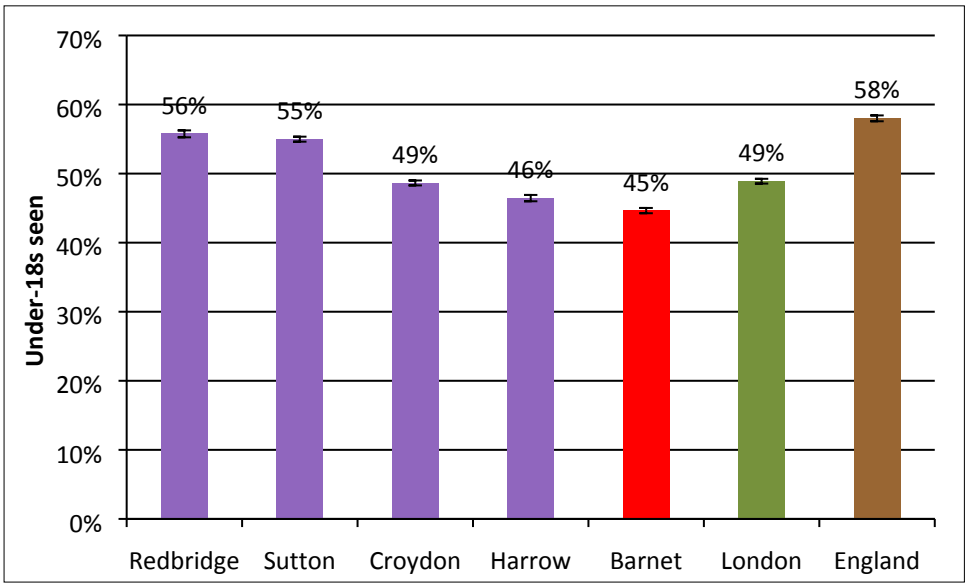
Everyone should be able to access good quality NHS Dental Services. There is no need to register with a dentist in the same way as with a GP because you are not bound to a catchment area. NHS dental care for children is free and regular attendance can help prevent decay and help identify problems early on.

In the 12 months from July 2015 to June 2016, 45% of Barnet under-18-year-olds were seen by an NHS Dentist. This is statistically significantly less than levels for England (58%), London (49%) and all but one of Barnet's 14 closest 'statistical neighbours'. Compared with its closest four statistical neighbours, Barnet had the lower level of under-18s dental attendance[iv].

Percentage of under-18-year-olds seen by NHS dentists in Barnet, London, England and 14 closest statistical neighbours, from July 2015 to June 2016 *



Percentage of under-18-year-olds seen by NHS dentists in Barnet, London, England and 4 closest statistical neighbours, from July 2015 to June 2016 *



* Children seen by non-NHS dentists and hospital dental services are not included. Geography is ascribed based on dental surgery postcode, so data will include some children who live out-of-borough, but NHS Digital consider the effect of this discrepancy to be minimal. Data represents children seeing a dentist at least once within the time period (multiple attendances are not considered), and includes children receiving orthodontic treatment.

From the age of three, children should be offered fluoride varnish application at least twice a year. Fluoride varnish is a concentrated topical fluoride application which is applied professionally and has been found to substantially reduce tooth decay in children by up to 46%[v]. Overall in Barnet, there has been a year on year increase in the proportion of the resident child population receiving fluoride varnish applications from NHS dental practice teams 2010 to 2016. There are ward level inequalities in dental access, fluoride varnish application and availability of NHS dental services. Thus further action is required to address these issues.

Tooth decay is largely preventable by reducing the amount and frequency of sugar in the diet and optimising exposure to fluoride. In Barnet there are a number of initiatives in place which employ these evidence based recommendations surrounding making oral health everybody's business and every contact count, integration of oral health with other Public Health and Children's Programmes and increasing children's exposure to fluoride.

Oral health promotion

Central London Community Healthcare (CLCH) delivers oral health promotion for London Borough of Barnet. They do this in three work streams.

Schools

- Tooth brushing programme in targeted primary schools for children 5 years and under
- Coffee mornings in schools delivering oral health advice to parents and providing an opportunity to:
  -signpost to primary care General Dentistry Practitioner and

-to increase uptake of the consent rate for the tooth brushing programme
- Oral Health workshops in schools supporting their health awareness week
- Oral health workshops in special needs schools, delivering oral health for children with specific needs. Additional resources ordered for special needs schools, e.g. adapted toothbrush, disability oral aids
- Providing tooth brushing packs and resources to schools for their oral health sessions

Health professionals

- Working with The Family Nurse Partnership team (FNP) supporting the young parents and families oral health needs
- Supplying oral health resources such as sippy cups and demonstration models to Health Visitors, FNP, children centre staff, and Breast Feeding Co-ordinator and peer supporters
- Working with breastfeeding counsellors
- Oral health training to professionals - Health Visitors, FNP, School Nurses, Breast Feeding Co-ordinators, Children's Nurses Supplying tooth brushing packs to Health Visitors for the 9 month and 2 year developmental checks

Children's centres

- Training staff at the Children's Centres and working with the nominated Tooth champions
- Providing toothbrush packs and resources e.g. tooth brush charts to Children's centres for parent workshops
- Attending targeted groups at children's centres delivering oral health advice to parents
- Membership of the Healthy Children's Centre quality assurance panel who meet to assess and review folders (that focus on health priority areas, of which oral health is one of these) and influence recommendations in oral health
- Providing resources to Children Centres to ensure regular updates on the display boards, sample sippy cups and sugar app and toothbrush app details.

Barnet performance summary

CLCH have successfully met their contract KPI's and have delivered:

- Tooth brushing programmes in 3 schools per term i.e. 12 per annum
- Training provided to 31 Children's Centre staff so far this year – it is important to note there have been staff changes with restructuring of the Children Centre management
- Support to 36 parent workshops at Children Centres by the end of March 2017 i.e. minimum of 3 workshops per term per Children Centre (as well as supporting ad hoc additional workshops with advice and resources) Rolling programme of training to 0-19 CLCH staff
- Brushing for Life (BfL) packs and 1000 sippy cups supplied to Health Visiting teams (from one off funding last year from the Local Authority) to support very brief oral health intervention at child progress checks

Future Outlook

Due to Local Authority cost saving the oral health promotion activity that has been taking place across Barnet will be greatly reduced in 2017/18. This will result in further impact on levels of poor dental health for children and young people. Instead of being able to offer a universal service the offer will become more streamlined and delivery will be based on a targeted response.

For the most sustainable gains in oral health and reductions in inequalities, interventions should tackle the social determinants of health, adopting a whole population approach with varying degrees of effort and intensity depending on level of disadvantage.

Oral health efforts should not be carried out in isolation but should be integrated with broader children's public health programmes such as those tackling obesity, improving diet and lifestyles, breastfeeding and weaning, following a common risk factor approach. Interventions should start at an early age and continue throughout the life of a child, because what happens in early childhood has an impact on later life (life course approach).

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[i] Child Health Profile for Barnet 2017 https://files.datapress.com/sport/dataset/child-health-profiles-2017/2017-01-26T18:50:00/LSR223%20Barnet.pdf

[ii] National Epidemiology Survey 2015
http://www.nwph.net/dentalhealth/14_15_5yearold/14_15_16/DPHEP%20for%20England%20OH%20Survey%205yr%202015%20Report%20FINAL%20Gateway%20approved.pdf

[iii] PHE. 2014/15 Survey of 5 year old children, Public Health England 2016. Available from:
http://www.nwph.net/dentalhealth/survey-results%205(14_15).aspx.

[iv] NHS Digital (NHS Dental statistics for England - 2015-16); Chartered Institute of Public Finance Accountants (CIPFA; Nearest Neighbours data tool)
Whiskers indicate 95% confidence intervals. Statistical neighbours calculated using all 39 CIPFA variables. Barnet and statistical neighbour data represents Local Authorities, while London data represents NHS commissioning region. Prepared by Lisa Colledge 11/5/17

[v] Marinho VC, Worthington HV, Walsh T, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. The Cochrane database of systematic reviews. 2013(7):Cd002279.

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AGENDA ITEM 9

Barnet Health Overview and Scrutiny Committee

3rd July 2017

Title	Update on the NHS Property Service Ltd Charging market rents
Report of	Interim Director of Barnet Clinical Commissioning Group
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Appendix A - Reimagining Finchley Memorial Programme
Officer Contact Details	Abigail Lewis Abigail.lewis@barnet.gov.uk

Summary

The report provides the committee with an update on NHS property service Ltd Charging market rents and the implications this has on Barnet residents

Recommendations

1. **That the Committee note the report.**

1. WHY THIS REPORT IS NEEDED

The Committee requested an update on NHS property service Ltd charging market rents and the implications this has on the residents of Barnet.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The views of the Committee in relation to this matter will be considered by the Health Overview and Scrutiny Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 There are no financial implications for the Council.

5.3 Social Value

5.3.1 Not applicable.

5.4 Legal and Constitutional References

5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority

(Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.4.2 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

"To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas."

5.5 **Risk Management**

5.5.1 There are no risks.

5.6 **Equalities and Diversity**

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.7 **Consultation and Engagement**

Not applicable.

6. BACKGROUND PAPERS

6.1 None.

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Project name	**Reimagining Finchley Memorial Programme**
Directorate/Department	**Commissioning**
Senior Responsible Officer	**Neil Snee**
Project Manager	**Garrett Turbett**

Executive Summary

This report has been brought before the Committee to address the request to explain implications for Barnet residents of the NHS Property Services Ltd charging market rents for services at all NHS premises such as GP surgeries and health centres.

Charging arrangements changed on 1st April 2016 to reflect market rents. This applied to properties managed by both NHS Property Service and Community Health Partnerships as the landlords. The move to market rents is supported by Department of Health and they are working with NHS England to mitigate the effects of any increase.

In addition to property charges, this report will outline projects within the Reimagining Finchley Memorial Programme. A number of projects are progressing which will increase utilisation while improving access to services for Barnet residents.

1. Reimagining Finchley Memorial Programme

The utilisation of Finchley Memorial continues to be a high priority for BCCG and the issues of affordability are being addressed within the existing regulations. Barnet Health Overview and Scrutiny Committee have been kept informed and Barnet CCG have re-emphasised the importance of Finchley Memorial and developed the Reimagining Finchley Memorial Programme Board.

The national policy on moving NHS property to a market rent model does not impact on the challenge of affordability on this site. The CCG pass through rental costs as services are commissioned in FMH however the services charges which are generated from national contracts to impact on the ability of smaller providers to consider FMH; this is currently being addressed in negotiations with the landlord.

The Programme Board was set up in January 2017 by Barnet CCG. This includes senior executives and GP Board members, as well as senior staff from all CCG directorates, the landlords and the property owners. The Board is keen to progress with the provision of primary care as part of a holistic approach to Finchley Memorial becoming a health and wellbeing hub. Development of existing or new services will be closely aligned to the Sustainability and Transformation Plan, particularly around providing Care Closer to Home.

Programme Board meetings have resulted in positive discussions regarding the rent and related costs for tenants. Further meetings between Barnet CCG's Director of Commissioning and landlords' Regional Director of Estates are planned to discuss a variable pricing model with a view to building a model that more closely reflects the local economy.

A project to provide primary care services alongside the Walk-in Centre is being led by Barnet CCG's Primary Care Transformation Manager. The GP Federation, which represents GP practices in Barnet, have expressed interest in developing a practice at Finchley Memorial and a number of schemes linked to Care Closer to Home. These may include programmes linked to care of the elderly, health and wellbeing, and public health initiatives.

As part of the Barnet CCG Winter Resilience Programme, a community beds model was implemented from October 2016. This programme has supported flow in Barnet's main acute hospital and initiated assessment outside of the acute setting. There is significant re-design of services within the NCL STP as the committee is aware and part of the local work will actively explore utilising FMH for patients who require such assessment and further support to transfer from an acute bed to home or an alternative long term accommodation suitable for their needs. As part of this work specific discussions with providers on using Adams ward have been commenced and integrating this possible development into improving discharge and the quality of patient experience.

The project to bring the services delivered from the mobile breast screening unit into the building are now progressing at pace. A feasibility study has been conducted which concluded that a permanent site is both viable and desirable. The landlord has agreed the required capital to progress. There is agreement in principle from the provider, the landlord will be instructing their developer to define the exact cost of developing the space based on architectural specifications.

The Community Voluntary Service, CommUNITY Barnet, in partnership with Healthwatch Barnet, have been commissioned to work with our communications team in developing and carrying out a public and stakeholder engagement programme. This programme will help ensure local community needs are at the heart of service proposals and will involve extensive co-design between the local community, commissioners and clinicians.

Through the UCLH Cancer Collaborative vanguard, an exciting new initiative being explored is the siting of a CT scanner which will support an R&D programme for early diagnosis of lung cancer at FMH; it may be that latent capacity is available to the Barnet population which would be a significant attribute to services running from the site.

Through close engagement between Barnet CCG and CHP, we are developing a tiered pricing model for space within Finchley Memorial. This model will apply to bookable space in the first instance, which will include space that can be booked for a few hours as a one-off, through to space which can be block booked for months in advance.

Objective(s) / Plans supported by this paper:

The proposed action would be in keeping with the mission of the NHS Barnet CCG:

"We will work in partnership with local people to improve the health and well- being of the population of Barnet, find solutions to challenges and commission new and improved integrated pathways of care which address the health needs of the Barnet population. We will work within available resources."

Additionally, the development of these projects within FMH support a number of national and STP agendas. For example, moving to all static breast screening sites is a target for the national breast screening programme. And developing the services within FMH aligns to the STP Care Closer to Home and Urgent Care programmes.

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AGENDA ITEM 10

Barnet Health Overview and Scrutiny Committee

3rd July 2017

Title	Update on Missed GP appointments in Barnet
Report of	Head of Primary Care Commissioning
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Appendix A – Did Not Attend Report (DNA)
Officer Contact Details	Abigail Lewis Abigail.lewis@barnet.gov.uk

Summary

The report provides the committee with an update on Missed GP appointments or Did not attends (DNA) at surgeries in Barnet and the strategies being employed to combat this.

Recommendations

1. **That the Committee note the report.**

1. WHY THIS REPORT IS NEEDED

The Committee requested an update on Missed GP appointments in Barnet and the strategies being used to combat these.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The views of the Committee in relation to this matter will be considered by the Health Overview and Scrutiny Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

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- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 There are no financial implications for the Council.

5.3 Social Value

5.3.1 Not applicable.

5.4 Legal and Constitutional References

5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations

2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

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5.5 **Risk Management**

5.5.1 There are no risks.

5.6 **Equalities and Diversity**

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

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5.7 **Consultation and Engagement**

Not applicable.

6. BACKGROUND PAPERS

6.1 None.

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REPORT FOR THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TACKLING DID NOT ATTENDS (DNA'S) IN GENERAL PRACTICE

At the 6th February 2017 meeting of the Health Overview and Scrutiny Committee, the Committee requested that a report on what Strategies the CCG were taking to tackle the Did Not Attend (DNA) of GP Appointments.

Barnet Clinical Commissioning Group (BCCG) welcomes the opportunity to provide an update to the Barnet Health Overview and Scrutiny Committee on the management of GP appointments in general practice and to describe actions that are currently being taken both locally and nationally.

General Practitioners are independent Contractors who are commissioned by the NHS through GMS, PMS and APMS Contracts. Within Barnet there are 60 Practices of which 53 have a GMS contract, 26 a PMS contract and 1 APMS Contract – APMS contracts are time limited generally for 3-5 years.

These Contracts do not set targets for the number of consultations a practice should provide or how quickly it should consult a patient. GMS and PMS contracts set core hours of 8am to 6.30 pm Monday to Friday (equivalent to 52.5 hours a week), and requires practices to provide routine services at times within this period "as are appropriate to meet the reasonable needs of its patients". The APMS provider is required to provide services 8-8 7 days a week.

NHSE currently monitors practices' consultations using a BMA recommendation for a standard population of 72 hours per 1,000 patients; this is not a contractual requirement, but a measure used to benchmark practices when reviewing quality and performance.

The NHS Constitution does emphasise that it is a patient's responsibility in terms of having access to GP services, to keep appointments, or cancel within a reasonable time.

There is not a requirement on CCGs to collect data on missed GP appointments and data is not collected at a national level. Some individual GP practices do collect data but not all, and they are under no obligation to do so, therefore it is difficult to understand the scale of the problem; although the CCG is not aware that missed GP appointments are a major problem in Barnet.

The factors behind DNAs can be unique and specific to the GP practice in question. What causes DNAs in one GP practice may not cause DNAs in another and are often influenced by the demographic profile of the practice list and infrastructure ie staffing levels, therefore sharing 'good practice' across practices may have limited value.

It could be argued that GP DNAs are only a problem if they occur in large numbers and that low levels of DNAs actually provide GPs with 'catch up time'. GP appointments often overrun and the odd DNA can allow slippages to be rectified, reducing the amount of time subsequent patients have to wait for their appointment. They can also provide time for GPs to catch up on key tasks such as making

referrals and writing letters on behalf of patients. However, these are not necessarily reasons not to tackle DNA's if deemed a problem, particularly given the current demand on practices to offer additional appointments, and the current financial constraints on the NHS.

In order to consider which strategies might reduce DNAs, it is important for individual GP practices to understand the specific reasons behind their DNAs. This might involve considering any patterns in their DNAs (e.g. whether patients DNA at certain times of the day) and investigating the reasons.

Some patients will have clinical reasons why they DNA such as mental health issues, they are too unwell to attend, childcare arrangements, and some patients will have simply forgotten. Treating these all the same with a one-size-fits-all approach may not be the most effective.

The CCG is aware that a number of practices take some of the following actions to review and reduce DNA's; however there is not a consistent approach:

- Improving communication to ensure that appointment arrangements are understood by the patients, appointment dates are communicated clearly and consideration is given to translation if required.
- Ensuring, wherever possible, appointments are made at a convenient time for patients.
- Making it easy to cancel appointments either over the phone or via the practice website.
- Training staff so they are able to accurately record cancellations and reschedule appointments electronically.
- Reminding patients about their appointments (e.g. letters/emails in relation to appointments booked in advance and text messages for imminent appointments).
- Allowing patients to check, book and cancel appointments at their own convenience and order repeat medication online.
- Introducing telephone consultations (possibly via Skype) for patients who do not need a physical examination. (its early days but there is a Skype pilot with the Royal Free Hospital which will be piloted across a group of West practices)
- Offering the ability to walk-in into the surgery on certain days and times where an appointment is not required.
- Empowering the Patient Participation Group (PPG) to consider ways to engage with patients to reduce DNA rates.

BCCG supports its practices by funding the use of text messaging services and is currently in the process of encouraging greater use of on-line booking accounts, to reach the government target this year of at least 20% of all patients booking their appointments on line. Currently less than 12% of patients book their appointments on line; this is down to a combination of practices not promoting on-line booking, making sufficient appointments available on line; the patient's ability to access on-line facilities, or preference to book an appointment over the telephone or face to face with the receptionist.

The extended hours service which the CCG has commissioned to provide additional appointments OOHs and at weekends currently has a DNA rate of 9%, (in line with national extended hours services), and compares well to a 16% DNA rate in Camden. Patients are called as a reminder prior to their appointment and will in due course be able to book appointments on-line.

The CCG would welcome a discussion with the Committee on how best to approach this subject, given that data is not routinely or systematically collected, without placing additional demands on GP practices. If there is a view that more should be done locally to reduce DNA's, the CCG would recommend that the Committee considers approaching this from a patient perspective, perhaps utilising the expertise of patient groups such as Healthwatch and agreeing the scope of any review with the Local Medical Committee.

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 21ST APRIL, 2017** at 10.00 am in the Committee Room 4, Islington Town Hall, Upper Street, London N1 2UD

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Pippa Connor (Vice-Chair), Martin Klute (Vice-Chair), Abdul Abdullahi, Jean Kaseki, Graham Old, Richard Olszewski, Anne Marie Pearce and Charles Wright

MEMBERS OF THE COMMITTEE ABSENT

Councillor Alison Cornelius

ALSO PRESENT

Councillor Phil Cohen

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the. North Central London Joint Health Overview and Scrutiny Committee.

MINUTES

1. APOLOGIES

Apologies for absence were received from Councillor Alison Cornelius. Apologies for lateness were received from Councillor Richard Olszewski.

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

For reasons of transparency, Councillor Connor declared that her sister worked as a GP in Tottenham. Councillor Olszewski declared that he was a governor of the Royal Free Hospital Trust.

3. ANNOUNCEMENTS

The Chair declared that she had received a letter from a member of the public highlighting their concerns about a matter and was seeking legal advice on the best approach to take in dealing with the issue.

4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR

CONSIDERS URGENT

There were no notifications of any items of urgent business.

5. DEPUTATIONS (IF ANY)

There were no deputations.

6. MINUTES

Consideration was given to the minutes of the meeting held on 17th March 2017.

RESOLVED –

THAT the minutes of the meeting held on 17th March 2017 be approved and signed as a correct record.

7. NCL STP: GOVERNANCE

Consideration was given to the written responses provided to queries raised at the last meeting.

David Stout, Senior Programme Director, for the STP, addressed the panel and highlighted that publication of the new draft STP may be subject to purdah and so not take place until after the general election.

With regard to finance, he highlighted that the figures were based on a complex set of assumptions and that there was likely to be a £110m deficit vis a vis the "control total", which would need to be filled. This figure was factoring in a 3% increase in demand due to factors such as demographic change, and 4.5% estimated efficiency savings from health service bodies.

The Chair highlighted her concern that the Joint Commissioning Committee was dealing with a high risk area and that it was something that the scrutiny committee should focus on.

Members asked when the advisory board would meet. They were informed that it would meet in June and that its first meeting would consider whether its membership was suitable or whether to change it.

Members were keen to see information on service user involvement. Councillors Wright and Connor also asked that they have sight of the website content once the draft version was ready.

ACTION: Gen Ileris (STP Communication and Engagement Lead)

A member asked if there was a date for national submission and sign-off of the revised STP. The meeting was informed by Mr Stout that there had been no specific date set by NHS England.

With regard to the earlier mention of patient involvement, a member of the public said that there should be scope for involvement by people who were not currently patients. The suggestion was made by members that mention of 'residents' rather than 'patients' would be better in most contexts.

The meeting was informed that the Programme Delivery Board and the Advisory Board would not be meeting in public, but that their papers would be available.

RESOLVED -

THAT the response and the comments above be noted.

8. NCL STP: CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Consideration was given to a report on Child and Adolescent Mental Health services (CAMHS).

Officers explained that CAMHS formed part of the mental health workstream but that consideration was also being given to mental health in the children's workstream. There had been a growth in demand for children's mental health services. They were aiming to share intelligence and best practice across the system.

Members were informed that 'Tier 4' in-patient beds were currently commissioned nationally. This meant that children in need of acute care from the North Central London sub-region were sometimes sent to units outside of London and children from outside of London ended up being allocated beds in London if those were the ones that were free at the time. They were trying to move back to local commissioning.

There was involvement of service users in co-production of CAMHS services. They were hearing from 'experts by experience'.

Jon Abbey, who was the Director of Children's Services in Haringey, highlighted that Directors of Children's Services from North-Central London met regularly and that he was the STP Lead for Children. They were aiming to share best practice from their authorities.

Concern was voiced that access to services varied from area to area and borough to borough. Officers said that they were aiming to improve equity of access.

Members were informed of the work being done on perinatal mental health and the efforts being made to tackle postnatal depression.

Pilot funding had been made available to fund link workers in some schools. Given that children spent much of their time in schools, it was a good way to reach children in need of help. If the prevalence of mental ill-health among the child population was extrapolated to one class – there would be 3 children per class suffering from a degree of mental ill-health. Members welcomed this, and thought this would be a good way of reaching children before they reached a crisis point in their personal mental health. Concern was voiced by members who were school governors that schools were having to make cuts in their spending due to the introduction of the new national funding formula for schools and so would not be able to continue projects when the pilot funding ran out.

There was a discussion about the 'child house' for treatment in North-Central London. Members were informed that it would be in Camden, as travel to Camden would be easier for children from than travelling to an outer borough.

There was concern about the transition from child to adult services at 18. Members expressed concern about the transition being too rapid and poorly-managed. They wanted to see a smooth movement from services for under-18s to those for the 18-25 young adult age group.

Members voiced their concerns about the link between child poverty and mental ill-health. A member also noted that the benefit cap was causing families affected to move to outer boroughs and, if the children of those families were in need of CAMHS services, this put additional pressures on services in these boroughs. Officers noted these comments and added that there was a link between domestic violence and incidence of child poverty and mental ill-health as well.

There was a discussion about workforce planning and training. Members were informed that staff were being trained by 'Young Minds', an external training provider and measures were being taken to address skills gaps.

Councillor Connor asked when would be a suitable time for the item to return to the Committee for further consideration, and it was suggested that it could do so in about 8 months' time.

RESOLVED –

THAT the report and the comments above be noted;

THAT CAMHS be added to the work programme for about 8 months in the future.

9. NCL STP: ESTATES STRATEGY

Consideration was given to a paper on the NCL estates strategy and to supplementary information that was tabled.

Members heard from Dawn Wakeling, who was a senior Barnet officer and the Co-Chair of the NCL estates board. The aim was to ensure that capital and estates were aligned with the STP priorities.

A memorandum of understanding had been signed regarding London estates devolution. This would mean more capital receipts could be retained locally. There was also a London-wide estates board which was meeting in a shadow form and had representation from the Treasury.

Members expressed concern about the assets held by NHS property companies and what would happen to receipts if they sold assets. They also noted that there was currently no incentive for the property firms to charge affordable rents rather than market rents to health providers who wanted to lease their buildings as they would receive rental revenue from the CCGs whether or not GPs could afford to lease that premises.

There was a view that public authorities had been too naïve in some of the deals and arrangements they had reached with private developers. This needed to be avoided in future, and the public sector should look at entering into "non-traditional" arrangements. Members also commented that they preferred health organisations owning property rather than leasing it or entering into PFI deals.

It was noted that the Naylor report had identified £10bn of capital need within the health service. This was far more than the funds available. The report had also suggested that a nationwide NHS Property Board be established. Members felt that this was too broad-brush an approach would reverse the long-awaited good work that was being done about estates devolution.

The Chair said that it was important that updates on estates come back to the JHOSC. She asked members to liaise with her about scoping the report. Councillor Pearce indicated an interest in working with her on scoping a future report.

RESOLVED –

(i) THAT the information provided and the comments above be noted.

(ii) THAT an update report be provided to a future meeting of JHOSC.

10. TERMS OF REFERENCE

Consideration was given to a report on the JHOSC terms of reference.

Members agreed to recommend to each local authority which sent members to the JHOSC that they delegate formally to the joint committee the right of referral to the Secretary of State.

Members were also of the opinion that the terms of reference should include give the JHOSC the power to consider issues that arose at the local level that had strategic implications for the NCL sub-region. Given the move towards joint working between health and social care they wanted to have reference to 'social care' in the JHOSC's scope. It was noted that wording would need to be agreed between all five boroughs through their own processes before this could take place.

RESOLVED –

(i) THAT the JHOSC recommend to Barnet, Camden, Enfield, Haringey and Islington Councils that they delegate formally the right of referral to the Secretary of State in responding to formal consultations involving all of the Councils in the JHOSC pursuant to Regulation 23(0) of the Local Authority (Public Health, Health and Wellbeing Boards and Heath Scrutiny) Regulations 2013.

(ii) THAT consideration be given to expanding the terms of reference to include considering issues that arose at a local level and had strategic significance and to include social care.

11. WORK PROGRAMME

Consideration was given to a report on the JHOSC work programme.

Members noted that the quality accounts from UCLH, Whittington and the Royal Free would go to the next meeting (5th May). The meeting after that was scheduled for 9th June. However, given the general election would be the day before, members agreed to move that meeting to 7th July.

The 7th July meeting would consider STP items on finance and the joint commissioning board. The dementia pathway paper would also be an item for that meeting.

Members asked that accountable care organisations be an agenda item for a future meeting.

Members also noted that update papers on CAMHS and estates had been requested earlier in the meeting and they wanted to receive those later in 2017-18.

RESOLVED –

THAT the work programme and the amendments above be noted.

12. DATES OF FUTURE MEETINGS

Members agreed that the 9th June meeting be moved to 7th July 2017. The dates of future meetings of the JHOSC would therefore be:

- Friday, 5th May 2017 (Enfield)
- Friday, 7th July 2017 (Haringey)
- Friday, 22nd September 2017 (Barnet)
- Friday, 24th November 2017 (Enfield)
- Friday, 26th January 2018 (Camden)
- Friday, 23rd March 2018 (Islington)

13. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no urgent business.

The meeting ended at 12.45pm.

CHAIR

Contact Officer: **Vinothan Sangarapillai**
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MINUTES END

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London Borough of Barnet Health Overview and Scrutiny Committee May 2017 - July 2017

Contact: Abigail Lewis, abigail.lewis@barnet.gov.uk, 020 8359 4369

AGENDA ITEM 15

Title of Report	**Overview of decision**	**Report Of** *(officer)*	**Issue Type (Non key/Key/Urgent)**
July 2017			
Sustainability and Transformation Plan (STP)	Once the North Central London Sector Joint Health Overview and Scrutiny Committee has received latest report on the STP, Barnet HOSC have requested to receive an update report.		**Non-key**
Update on NHS property Ltd charging market rents	An update on NHS property Ltd charging market rents and the impact on Barnet residents.		**Non-key**
Missed GP appointments	A report on the number of Did Not Attends (DNA) at Barnet Surgeries, the impact and strategies to combat this.		**Non-key**
Parking at Barnet Hospital	An update on the parking issues at Barnet Hospital.		**Non-key**
Oral Health in Barnet	A report on Oral Health of Children and Young People in Barnet.		**Non-key**
Colindale Health Project	Update on the plans for the Colindale Health Project.		**Non-key**
September 2017			

Title of Report	**Overview of decision**	**Report Of** *(officer)*	**Issue Type (Non key/Key/Urgent)**
Streams Technology	Update on the new 'Streams' Technology being used at the Royal Free.		**Non-key**
Pressure Ulcers Report	Report on the issue of Pressure Ulcers in care homes.		**Non-key**
To be allocated			
Enter and Revisit reports	Report on the enter and revisit reviews by Healthwatch.		**Non-key**